A Clinical Leader's Guide to Support Bereaved Staff During COVID-19

What to Say, How to Say It, and Where to go From Here

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SINCE 2000
END-OF-LIFE NURSING EDUCATION CONSORTIUM
Advancing Palliative Care

"You may not have signed up for a hero's journey,
but the second you fell down, got your butt kicked,
suffered a disappointment, screwed up, or felt your heart break,
it started.

It doesn't matter whether we are ready for an emotional adventure –
hurt happens.

And it happens to every single one of us. Without exception.

The only decision we get to make is what role we'll play in our own lives:
Do we want to write the story or
do we want to hand that power over to some else?

Choosing to write our own story means getting uncomfortable;
it's choosing courage over comfort."

Brown, 2015, p. 45

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COVID-19 has resulted in…

- Health system overwhelm
- Shortages of resources in all settings
- Disruptive and harmful shifts in social functioning
- Increased awareness of dying, death, and existential anxiety
- Alterations to the processes of grief and bereavement
- Marked rise in emotional distress and suffering

Emanuel et al., 2020; Rosa, Ferrell et al., 2020

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COVID-19 has also led to…

- Renewed commitment to compassionate care

- Recognition of our shared humanity and interdependence

- Deep honoring of the courageous work of nursing

- Nursing innovation in acute and community care settings

- Re-evaluation of the holistic needs of patients

- Increased emphasis on nurses' health and wellbeing

Downing et al., 2020; Emanuel et al., 2020; Ferrell et al., 2020; Puchalski et al., 2020; Rosa, Gray et al., 2020

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Prior to COVID-19…

- National dialogue about burnout and moral distress
- Significant proportions of nurses experienced emotional exhaustion
- Nurses at particular risk for moral distress
- Evidence of existential distress among healthcare workers
- Many of these factors associated with poor outcomes

Dyrbye et al., 2017; National Academies of Sciences, Engineering, & Medicine 2019; Pessin et al., 2015; Rushton 2018

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COVID-19 Stress is Different

- More work

- Fear surrounding safety and health

- Isolation

- Threats to livelihoods

- Risks of redeployment

- The unknown, unclear, uninformed

- New technology

- Rising moral suffering

Parks, 2020; Rosa et al., in press

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In addition…

- Nurses have higher exposure to death and dying

- Intersection of death, complex family dynamics, and their own grief

- Bearing witness to suffering in personal and professional lives

- Confronting loss at home with families and in communities

- Experiencing loss at work (e.g., death of patients, colleagues, etc.)

Emanuel et al., 2020; Rosa, Ferrell et al., 2020

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Nursing During COVID-19: The Emotional Impact

- Nurses are increasingly bearing witness to suffering and death

- Patients are dying alone without family members present

- Nurses are having to increasingly communicate by phone

- Losing multiple patients per day, over months at a time

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Nursing During COVID-19: Loss on All Sides

- Nurses are confronting a myriad of losses in their personal lives

- There may be grief related to death of family and friends

- May be missing tangible support of communities during a critical time

- May be facing emotional upheaval amid increased work responsibilities

- Experiencing grief during a public health emergency places increased emotional, mental, and spiritual burdens on nurses

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*Consider Laura**

Laura was a neurology medical-surgical nurse just coming off her first year of practice at the start of COVID-19.

As the number of COVID-19 positive patients began overwhelming her hospital's capacity, her unit was turned into an ICU. She received crash course training on ventilators, critical care management including sedation and pressor support, and high-dose IV opioids – medications she had never used previously. New nurse and physician colleagues seemed to appear every day – the constantly shifting team makeup adding to communication difficulties and uncertainty about the most up-to-date protocols.

As the days turned to weeks, Laura was caring for multiple vented patients at a time. In her first year of nursing she had only responded to one Code Blue. Now, there seemed to be two or three a day… all losses. She watched as patients died without the comfort of family at their bedside – living their last days in a sort of solitary confinement.

Laura somehow tried to fulfill her roles as 'nurse' but also frequently found herself being chaplain, social worker, physician, and ethicist… being the first responder not only to cardiac arrest but to spiritual and existential crises, end of life anxiety, and family distress.

*"Laura's" story is based on several firsthand accounts from nurses working in urban academic medical centers during COVID-19.

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Laura's Grief

At home, Laura's has a young child and a husband who lost his job during COVID-19. Her parents – aged 68 and 71 – both lived with her family at home. Terrified of getting sick herself – or worse – infecting her parents or husband, she often stayed at a hotel by work following her shifts.

At night, sitting in her hotel room alone, Laura would contemplate the stress of the day, the sadness of what she had seen and heard. She would reflect on her own fears of death and dying and she often struggled with sleeplessness, knowing that tomorrow would likely feel the same…

She loved being a nurse but this was not what she signed up for. She missed her life the way it was before. For Laura, nursing had been about rehabilitating patients – and now she was helping them die with overwhelming regularity.

Laura was terrified. Her 'one surgical mask per week' didn't seem to protect her from the anxiety or grief of what had become a hallmark of her daily work.

Laura is just one of 4 million nurses in the United States… experiencing the endless emotional consequences of COVID-19.

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As leaders, we can…

- Demonstrate appreciation for the emotional labor of nurses

- Promote reflective practice among staff

- Encourage self-development by assuring time and space as possible

- Show empathy for the difficulties experienced by staff

- Provide concrete strategies and resources for self-care

- _Lead difficult conversations to support processing and bereavement_

Gujral et al., 2020; Kravits, 2019; Shields & Stout-Shaffer, 2016;
Rosa et al., in press; Voss & Kreitzer 2019

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Holding a Staff Debriefing

- Adopting a nurse coaching approach:
  - Nurse coaching is "a skilled, purposeful, results-oriented, and structured relationship-centered interaction with *clients* provided by registered nurses for the purpose of promoting achievement of *client* goals"   Dossey et al., 2015, p. 3
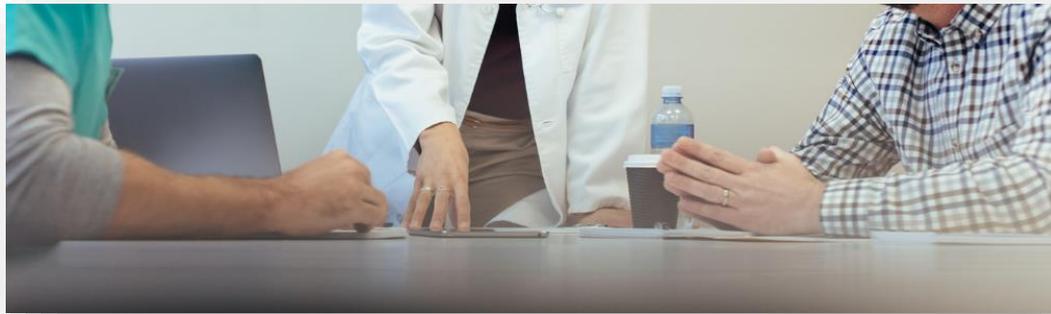
- In this case:
  - Clients -> staff
  - Client goals -> must be elicited; may vary from openly expressing grief and work stressors to wanting to be heard/acknowledged to fostering team transparency and cohesion

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Nurse Coaching Process

1. Establishing relationship and identifying readiness for change (Assessment)

2. Identifying opportunities, issues, and concerns (Diagnosis)

3. Establishing staff-centered goals (Outcomes Identification)

4. Creating the structure of the coaching interaction (Planning)

5. Empowering and motivating staff to reach goals (Implementation)

6. Assisting staff to determine the extent to which goals were achieved (Evaluation)

Dossey et al., 2015

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Establishing Relationship & Identifying Readiness for Change

- Allow relationship with staff to evolve

- Be fully present to your own feelings, experiences, and perspectives

- Demonstrate therapeutic presence that fosters trust and intimacy

- Recognize your staff as the experts in their own health and wellbeing

- Co-create "contracts" to ensure confidentiality and safety

- Promote a safe and secure environment

- Consider having a trustworthy colleague partner with you

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Establishing Relationship & Identifying Readiness for Change

- Release pre-conceived notions of how staff "should be" or "might be"

- Presence: remaining staff-centered; using active and deep listening

- Meaning: the personal meaning that experiences have will vary widely and are highly individualized; seek out and validate the meaning that staff members have given to their experiences; people may be experiencing a number of 'intense' emotions

Dossey et al., 2015

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Creating a Healing and Supportive Environment

- Aesthetics and details matter:
  - ➢ Find a non-clinical space away from the care delivery setting
  - ➢ Make the room physically comfortable
  - ➢ Ensure there are enough chairs for everyone
  - ➢ Have drinks and snacks that can be eaten quietly available
  - ➢ Bring in some flowers or something beautiful to look at

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Creating a Healing and Supportive Environment

- Aesthetics and details matter:

  ➢ Have tissues available

  ➢ Consider sitting in a circle without a table in the way if possible

  ➢ Consider using a 'marker' to begin and end your time as a group

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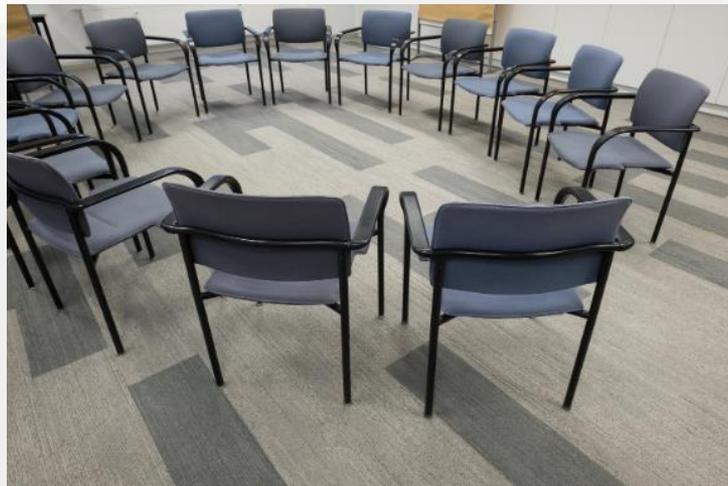
Creating a Healing and Supportive Environment

- Set ground rules:
  - All information shared in this room is confidential
  - Phones should be silenced and out of sight
  - Consider having a "talking stick" that ensures only one person speaks at a time; the singular task is to actively listen to the person speaking
  - Assure participants that their presence is comforting enough

Creating a Healing and Supportive Environment

- Set ground rules:
  - ➢ Invite all feelings and experiences as valid, even those that may be considered 'intense' or not usually discussed (e.g., anger, sadness, hopelessness, etc.)
  - ➢ Ask participants to avoid giving advice or trying to 'fix' a problem
  - ➢ Monitor time to properly and respectfully close the meeting and summarize Place a 'do not disturb' sign on the door and minimize disruption

DO NOT DISTURB

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Communication Tips to Balance Honesty, Empathy, and Hope

1) Start with your staff's agenda

2) Track <u>both</u> the emotional and cognitive data gleaned from staff

3) Stay with the staff, moving forward one step at a time

4) Articulate empathy explicitly

Adapted from Back et al., 2009

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Communication Tips to Balance Honesty, Empathy, and Hope

5) Talk about what you <u>can</u> do before you talk about what you <u>can't</u> do

6) Start with big-picture goals and processes before nitty gritty

7) Give staff your complete and undivided attention

Adapted from Back et al., 2009

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Getting Started

- Introduce the purpose and intentions for coming together

- Emphasize commitment to a supportive work community

- Offer to remove 'manager' or 'leader' title during this time

- Invite staff to consider this a time to express themselves as nurses but also as human beings

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Identifying Opportunities, Issues, & Concerns

- Use the first part of your time together to
  1) Identify staff's opportunities, issues, and concerns
  2) Confirm your understanding of those opportunities, issues, and concerns
  3) Validate those opportunities, issues, and concerns

Dossey et al., 2015; Rosa, Karanja, et al., in press

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Identifying Opportunities, Issues, & Concerns

- Consider inviting each person introduce themselves with name and position and to also briefly share:

  1) Their most significant fear or challenge working during COVID-19 AND

  2) To reflect on personal or professional factors that have brought meaning, purpose, and joy to their work during this time

Dossey et al., 2015; Rosa, Karanja, et al., in press

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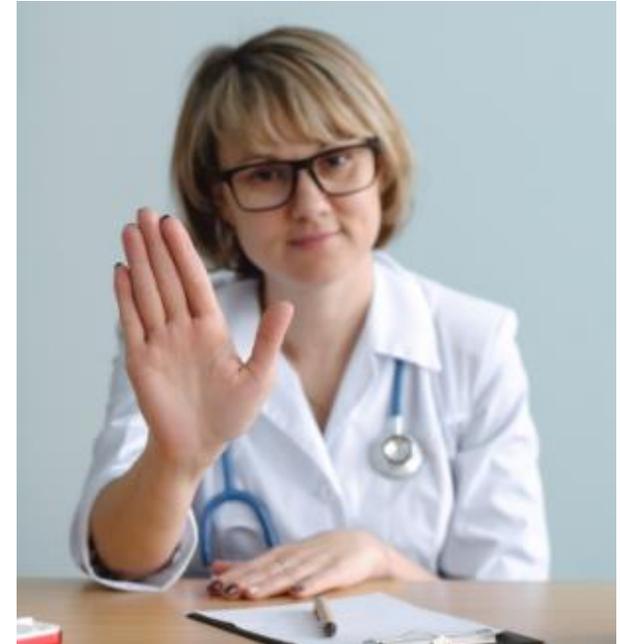
Identifying Opportunities, Issues, & Concerns

- Any number of open-ended questions can be used in group settings

  - What is the biggest challenge at work right now?

  - Do you have specific fears or worries about working right now?

  - What brings you joy in your work?

  - What meaning or purpose do you find in your work?

  - How have you dealt with recurrent loss during COVID-19?

  - How do you cope with the grief you experience at work?

  - What has gotten your through hard times in your life in the past?

Dossey et al., 2015; Rosa, Karanja, et al., in press

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Identifying Opportunities, Issues, & Concerns

- Allow conversation to evolve naturally; stay with 'intense' emotions; don't deviate from what staff want to talk about most

Dossey et al., 2015; Rosa, Karanja, et al., in press

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Establishing Staff-Centered Goals & Creating the Structure of the Coaching Interaction

- Assist staff in identifying SMART goals for their wellbeing

  - SMART -> specific, measurable, action-oriented, realistic, time-lined

- Facilitate open exploration and alternative approaches

- Understand that goals and needs will evolve as staff heal

- Help staff identify strategies to achieve goals

- Assist staff to create action plan as appropriate

Dossey et al., 2015

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Establishing Staff-Centered Goals & Creating the Structure of the Coaching Interaction

- Reflective practice for staff:

  - Consider your lives throughout the COVID-19 pandemic.

  - How would you ideally define health and wellbeing at this time?

  - What would it mean for you to 'thrive' and not just 'survive'?

  - Where are you now related to that ideal of health and wellbeing?

  - Are there a few actions (between 1 and 3) that you could plan to move you closer to that ideal in the next "x " number of weeks?

  - Are these actions realistic and achievable for you? Are you able to prioritize them?

  - What factors at home or at work would increase the likelihood of you acting on these steps?

Adapted from Rosa, Karanja, et al., in press

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Empowering & Motivating Staff to Reach Goals

- Additional tools

Envisioning Practice

Imagine feeling yourself healthy, well, empowered, and connected with your purpose. What would that feel like? Where do you feel that in your body? Connect to the feeling. Remember this feeling if you need to care for yourself or recommit to your wellbeing.

Adapted from Rosa, Karanja, et al., in press

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Empowering & Motivating Staff to Reach Goals

- Additional tools

Awareness Practice

Take a moment to close or lower your eyes to a single point on the ground in front of you. Notice the bottoms of your feet on the floor, your legs and back resting on the chair. Feel the support of the chair. What are you feeling emotionally? Can you make room for whatever that is right now? What thoughts are you thinking? Can you make space to let that be ok? Follow your breath as it moves in and out of your body. And slowly come back to the room.

Adapted from Rosa, Karanja, et al., in press

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Assisting Staff to Determine the Extent to Which Goals were Achieved

- Support staff in evaluating their own progress and process

- Promote staff autonomy in identifying their own needs

- Support staff to identify which ongoing team practices best suit them

- Coaching is not a substitute for professional mental health services

- Be flexible, open, and nonjudgmental as staff express evolving needs

Dossey et al., 2015

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In summary

- "When we deny our stories, they define us. When we own our stories, we get to write the ending." (Brown, 2015)

- Staff are bereaved during COVID-19 from cumulative trauma and loss, and are in varying stages of the grieving process

- A nurse coaching approach can support sustained staff wellness and assist with team-building, among other goals

- It is critical to balance honesty with empathy, hope, compassion, and 'realness' about the hardships nurses are facing right now

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